

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

ESTATE OF JEREMIAH WRIGHT, et al.,

Plaintiffs,

vs.

COUNTY OF STANISLAUS, et al.,

Defendants.

Case No.

**DECLARATION OF CASSANDRA NEYENS
RE: CAL. CODE CIV. PROC. § 377.32**

I, Cassandra Neyens, do declare and say:

1. I submit the following declaration concerning A [REDACTED] W [REDACTED]'s status as the successor-in-interest to Jeremiah Wright, pursuant to section § 377.32 of the California Code of Civil Procedure. I submit this declaration on behalf of A [REDACTED] W [REDACTED] because he is a minor.

2. Jeremiah Wright was born on [REDACTED] 1985, in WATSON Modesto, CA.

3. No proceeding is now pending in California for administration of the estate of Jeremiah Wright.

4. A [REDACTED] W [REDACTED] is the successor-in-interest to Jeremiah Wright (as defined in section 377.11 of the California Code of Civil Procedure) and succeeds to his interest in this action or proceeding. A [REDACTED] W [REDACTED] is the biological son of Jeremiah Wright.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Jeremiah Wright in this pending action or proceeding.

6. A true and correct copy of the death certificate of Jeremiah Wright is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on June 12, 2024, at Sacramento, California.


Cassandra Neyens

COUNTY OF STANISLAUS

MODESTO, CALIFORNIA

3052024115234

CERTIFICATE OF DEATH

3202450002265

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JEREMIAH		2. MIDDLE AUSTIN	
3. LAST (Family) WRIGHT		4. DATE OF BIRTH mm/dd/yyyy 1985	
5. AGE Yrs. 38		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/SDP* (at time of death) NEVER MARRIED	
11. DATE OF DEATH mm/dd/yyyy 05/27/2024		12. HOUR (24 Hour) 0120	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICIAN	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRICAL FIRM		18. YEARS IN OCCUPATION 15	
19. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
20. CITY MODESTO		21. COUNTY/PROVINCE STANISLAUS	
22. ZIP CODE 95356		23. YEARS IN COUNTY 38	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP RODNEY DALE WRIGHT, FATHER	
26. NAME OF SURVIVING SPOUSE/SPO* - FIRST RODNEY		27. LAST (BIRTH NAME) WRIGHT	
28. MIDDLE DALE		29. LAST (BIRTH NAME) SHORTER	
30. NAME OF FATHER/PARENT - FIRST ELLEN		31. MIDDLE MARIE	
32. NAME OF MOTHER/PARENT - FIRST [REDACTED]		33. LAST (BIRTH NAME) [REDACTED]	
34. DISPOSITION DATE mm/dd/yyyy 06/03/2024		35. PLACE OF FINAL DISPOSITION RESIDENCE - RODNEY DALE WRIGHT MODESTO, CA 95356	
36. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		37. SIGNATURE OF EMBALMER NOT EMBALMED	
38. NAME OF FUNERAL ESTABLISHMENT CUNNINGHAM'S AFFORDABLE BURIAL & CREMATION CENTER		39. LICENSE NUMBER FD1563	
40. SIGNATURE OF LOCAL REGISTRAR THEOGNOSIA PAPASOZOMENOS MD		41. DATE mm/dd/yyyy 05/31/2024	
42. PLACE OF DEATH COUNTY JAIL		43. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
44. COUNTY STANISLAUS		45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 200 E HACKETT ROAD	
46. CITY MODESTO		47. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) PENDING	
48. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		49. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		51. DEATH REPORTED TO CORONER? C24001462	
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		53. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy		55. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
56. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		57. LICENSE NUMBER [REDACTED]	
58. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		59. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
60. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		61. INJURY DATE mm/dd/yyyy	
62. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		63. HOUR (24 Hour)	
64. LOCATION OF INJURY (Street and number, or location, and city, and state)		65. SIGNATURE OF CORONER / DEPUTY CORONER ETTA JOHNSON	
66. DATE mm/dd/yyyy 05/31/2024		67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ETTA JOHNSON, DEP CORONER	
68. STATE REGISTRAR		69. FAX AUTH.#	
70. CENSUS TRACT		71. CENSUS TRACT	

Donna Linder
DONNA LINDER, CLERK-RECORDER
STANISLAUS COUNTY, CALIFORNIA

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF STANISLAUS

50-793210

DATE ISSUED 06/14/2024 Page 1 of 1 BY ISABELLA CARRILLO
Deputy

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.
This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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